U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

		_	0//01/04 Through: 12/31/04		
3. Name and address of person filing.			Name, file number, and address of labor organization.		
Name Sparks	HABIX	¥.	Name Plemba - Steanfello XIII 198		
_			Labor Organization File Number 003618		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any		
Street 13555 1	<u> </u>	au	Street 5888 Rulene Hy		
City Social of	seege)		City XX		
State <b>Sa</b>	ZIP Code + 4	0818	State Zal ZIP Code + 4 /US W		
5. Position in labor organization.	Board of	Trus	Ter monten		
	(except as specifi	ied in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in t monetary value from an employer	ransactions (including loa r whose employees you	ans) with, or a ur organization	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.		
Name,					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
			7.b. Amount.		
Street		-			
City	€ Pro	2500 743 2500 743			
State	ZIP Code * 41	n except	And the second s		
		Sign	ature		
submitted in this report (including the	e information contained in a	ny accompany	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
Signed Sharks 1	B. / hle		on 8/15/05/225) 262-7609		
	$\mathcal{O}$	0	Dafe Telephone Number		

Name of Person Filing Marley Hobig	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Abein Mann & Leave	9. Business deals with:
P.O. Box, Bldg., Room No., if any 6768  Street 2540 Seven Cine Suit 4	b. Trust c. Employer
City Metaerie  State & ZIP Code + 4 70002	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  Denne of such dealing.  Social of  Trustee yneeting
P.O. Box, Bldg., Room No., if any	
Street City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	( and ) and on the last of the
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.

State	ZIP Code + 4	 14.b. Amount of payment.	
City			
Street			
P.O. Box, Bldg., Room No., if any			
Trade Name, if any:			
Name			